**Ignoring the alert on Plague outbreak**

2269. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether alert on Plague outbreak was ignored by certain quarters;

(b) if so, the details thereof; and

(c) the action taken to instruct State Governments to tighten vigil to stop spreading the menace?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) to (c) Immediately on receipt of information on 13.2.2002 from Government of Himachal Pradesh regarding admission of a few cases presenting with fever and haemoptysis (blood in sputum) in two hospitals of Shimla district and Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, a team of experts from National Institute of Communicable Diseases (NICD), Delhi consisting of Epidemiologist, Microbiologist and Entomologist was deputed immediately to visit the affected areas of Shimla district from 14th to 17th February, 2002 for investigating the outbreak and to provide technical guidance to the State Government for containing the outbreak. Another team consisting of six public health experts was sent to Chandigarh on 22.2.2002. These teams visited the affected areas and examined the patients in the hospitals.

The following steps were taken to contain the outbreak in coordination with the State Government:

- The emergency medical requirements of the Government of Himachal Pradesh were promptly met with.
- Guidelines were issued to Health Authorities of Government of Himachal Pradesh, Uttaranchal, Punjab, Haryana and UT of Chandigarh on the following issues:
  - Strengthening of surveillance
  - Chemoprophylaxis of close contacts
  - Quaratine of close contacts

— Restriction of movement of persons in affected areas
— Standard work precautions
— Safe disposal of bodies of persons dying due to plague.

➢ Door to door interaction with the population in the affected and adjoining village for dispensing antibiotics, obtaining information about the new cases and educating the people was conducted.

➢ Fumigation of the patients' houses as well as the transport vehicles was carried out using Formalin (10%).

➢ About 28,000 to 30,000 people, including doctors, para-medical personnel and health workers were provided with chemoprophylaxis.

➢ Proper treatment of patients and isolation of cases in the hospitals.

➢ Quarantine of close contacts.

➢ IEC campaign focusing on restriction of mobility, immediate reporting to health facility in case of fever etc. and reassuring the public not to panic.

**Prevalence of Anaemia among children and women**

2270. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that about 3.5 million people in the country suffer from micronutrient deficiency leading to iron deficiency with anaemia prevalence among children and women; and

(b) if so, the steps Government propose to take to improve the nutrition and help the lower strata of society?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) As per the National Family Health Survey 1998-99, 52 per cent women and 74 per cent children between age 6—35 months were found to be anaemic. A specific programme to combat anaemia in pregnant women and children is under implementation as a component of Reproductive and Child Health (RCH) Programme. Under this